

Instructions for Completing Form 829-2

Send this form and attachments to:

FIC/ISB, Building 16A, Room 101.

Timeframes for Submission of Form 829-2 and Required Supporting Documentation:

- **New award:**
 - a. Candidate outside the U.S. 90 days
 - b. Candidate already in the U.S. 120 days
- **Renewal of award**..... 120 days
- **Inter- and intra-ICD Transfer**... 60 days

Note 1: If the applicant chooses a format other than the SF 171, "Application for Federal Employment," or OF 612, "Optional Application for Federal Employment," as an attachment to this form, the following information must be included in the individual's resume, Curriculum Vitae or any other format chosen:

- Full name and mailing address.
- Education (*in chronological order*):
 - Colleges, universities, professional schools attended-- Name of institution (include complete address); years attended; discipline; degree and date.
 - Other courses or training--Name of institution (include complete address); years attended, discipline, degree and date.
- Research experience in the U.S. and abroad (paid or unpaid; start with most recent):
 - Position title (include series and grade if Federal job).
 - Employer's name and address.
 - Supervisor's name and address.
 - Start and end dates (month and year).
 - Salary.
 - Brief description of duties or research.
 - If in the U.S., visa status.
- Special skills, accomplishments, and awards:
 - Special skills and accomplishments. List special qualifications, skills, or accomplishments; membership in professional or scientific societies; patents or inventions, etc.
 - Professional licenses. List all current professional licenses held in the U.S. and abroad. If foreign medical graduate, list U.S. certification(s), e.g., ECFMG, FLEX.
 - Professional honors and awards, offices held in professional organizations (e.g., national or international awards, leadership activities, and performance awards.)

Note 2: A request that will exceed the Exchange Visitor (J-1 visa) Program three-year limit, up to a maximum of six years, must be accompanied by a memorandum from the scientific director or the sponsor, through the ICD scientific director, with "good cause" justification for this special exception. *Only* individuals in NIH's J-1 program *prior* to March 19, 1993, may be extended for five years without "good cause" justification. If a sixth year is requested for these "grandparented" individuals, a "good cause" justification must be provided. All such requests must be approved by the Associate Director,

Office of Intramural Research, OD, prior to submission to FIC/ISB. Extensions for "good cause" beyond the basic time limitations must be approved by USIA *before* FIC can request an extension of stay. **Please add three months processing time to such requests.**

Note 3: The Exchange Visitor (J-1 visa) Program is limited to three years for "Research Scholars." This includes time in J-1 status prior to coming to NIH. If the individual is already in the U.S. in another J-1 program, have your ICD Key Contact consult your Fogarty Immigration Specialist to verify continued J-1 eligibility *before* submitting this request.

Answer all questions fully and accurately. Block numbers not discussed are self-explanatory. If any block does not apply, please write N/A.

8. **Name:** Do *not* use initials, even for middle names--the entire name must be spelled out.
10. **Date of birth:** Most countries indicate dates in a day/month/year format. Check the date provided and convert it to the month/day/year format, if necessary.
12. **Degrees and dates of degrees:** Include all graduate degrees and corresponding dates, in chronological order. If individual has not been awarded a doctoral degree, include a letter from the Dean or University Registrar, on university letterhead, indicating date when degree will be granted. *The ICD must verify that the foreign degree is equivalent to a U.S. doctoral-level degree. If in doubt, consult an independent foreign degree-evaluating service or OD/OIR, and include results with this application.*
14. **Mailing address:** Current address to which documents should be mailed. Do not use an NIH location.
15. **Country of citizenship:** This may be different from the country of birth.
16. **Country of legal permanent residence:** Attach proof if different from country of birth and/or country of citizenship. If legal permanent resident of the U.S., attach copy of both sides of Alien Registration Receipt Card (Form I-551).

Note: Permanent Residents who are eligible for IRTA fellowships. All ICDs having an IRTA program should place Permanent Residents in that program rather than the NIH Visiting Program.
20. **Proposed stipend:** Stipend usually is based on years of relevant postdoctoral experience. Consult ICD Key Contact for stipend ranges.
21. **Proposed start date and end date:** Must be date specific. A new award is customarily made for two years. A brief explanation must be provided in block 41 if award is for less than a two-year period. Award may not be for less than one year nor for more than two years.
26. **Visa status:** e.g., J-1 Research Scholar, J-1 Student, F-1, Permanent Resident.

- 27. Date of entry into the U.S.:** Indicate original date of entry into the U.S., and date stay expires. Also show any change of visa status that has occurred.

Note: *Attach copies of appropriate immigration documents for applicant and dependents, e.g., (a) all Forms I-94; (b) all USIA Forms IAP-66 for a J-1 visa holder; INS Form I-20 for an F-1 visa holder; (c) copies of those passport pages that show passport number, individual's photograph, name and date of birth, passport expiration date, and visa stamp.*

- 28. Current U.S. sponsoring institution and address:**

Name and mailing address of U.S. institution currently sponsoring the candidate.

- 29.** If the request requires OD/OIR approval, send directly to OD/OIR.

- 41. Describe the proposed research program:** In addition to a description of the proposed research program, the general research area (e.g., genetics, biochemistry) must be provided. If the award is for less than two years, include an explanation. Use a continuation sheet if needed.

- 42. For MDs only.** *The level of patient contact must be specified in advance, and may not be changed at any time during the award period. If incidental patient contact is anticipated, it must be requested at this time.*

(a) **No patient contact:** Self explanatory.

(b) **Incidental patient contact at any time while at NIH** (for individual sponsored under the NIH J-1 Program): Provide foreign scientist's ECFMG (Educational Commission for Foreign Medical Graduates certificate number and date, and furnish a "Four-Point Memorandum,

signed by the sponsor and approved by the ICD Scientific Director. The "**Four-Point Memorandum**" must address four critical points:

(1) that the program in which the foreign physician will participate is predominantly involved with observation, consultation, teaching, or research;

(2) that the individual's research program necessitates clinical contact with patients involved in the research--describe contact;

(3) the clinical privileges which are essential to carry out the research; and

(4) that the foreign physician (a) will not be given supervisory responsibilities nor final responsibility for the treatment or diagnosis of any patients, (b) that he or she will be supervised by a U.S. citizen or permanent resident who is licensed to practice in the state of _____ (or has a PHS waiver of that requirement), and (c) that he or she will receive no credit towards medical specialty certification.

Consult ICD Key Contact for further guidance.

Note: A Four-Point Memorandum is not required for renewal of award if there is no change in the program or supervisor. If this is the case, specifically state so in Item 43.

- 44. Supply all information requested for dependents accompanying VF** or traveling to U.S. separately. Furnish full name(s); do not use initials, even for middle names. Furnish passport information *only* if dependents are already in the U.S. Give approximate date(s) of travel for dependents traveling to the U.S. separately.

For further guidance, consult your ICD key contact.

International Services Branch, FIC Request for NIH Visiting Fellowship Award <i>Ref: NIH Manual Issuance 2300-320-3</i>			Case Number <i>(for FIC/ISB use only)</i>		
Summary of Instructions <i>(See Instructions page for complete information.)</i> Complete this form, and attach the following documents. All documents must be in English, or be accompanied by English translations. <ul style="list-style-type: none"> ● Copy of doctoral degree (if in Latin, translation not necessary). ● Bibliography. ● Three letters of reference (less than one year old). ● ECFMG certificate, if incidental patient contact is anticipated. ● "Good cause" justification memorandum if end date will exceed three years of exchange visitor (J-1) status (see instructions on top tear-off sheet, "Instructions for Completing Form 829-2"). ● Forms SF 171 or OF 612, Curriculum Vitae, Resume, or any other written format applicant may choose which includes the information requested under <i>Note 1</i> of the top tear-off sheet. Note: Appointment is not official until visa status is cleared and official award letter is issued by FIC/ISB.			PROGRAM INFORMATION 1. Type of Appointment <input type="checkbox"/> NEW <input type="checkbox"/> RENEW <input type="checkbox"/> TRANSFER <i>(Inter/intra ICD)</i> 2. Common Acct. No. (CAN) 3. ICD <i>(use initials)</i> 4. Lab/Branch <i>(spell out name)</i> 5. Proposed NIH location <i>(Bldg./room)</i> 6. Phone 7. FAX -		
CANDIDATE INFORMATION 8. Name <i>(FAMILY NAME, first, middle)</i> Spell out entire name (CAPITALIZE family name). 9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female 10. Date of Birth <i>(month/day/year)</i> 11. Social Security No. <i>(if in the U. S.)</i> 12. Degrees and dates of degrees <i>(doctorate required)</i> 13. City and country of birth 14. Mailing address <i>(Do not use an NIH location)</i> 15. Country of citizenship 16. Country of legal permanent residence <i>(If Permanent Resident of U.S., attach copy of Resident Alien card.)</i> 17. Present position title, name of institution, and address 18. Current Phone No. 19. Current FAX No. 20. Proposed stipend 21. Proposed "start" and "end" dates <i>(For new requests, provide brief explanation in block 41 if less than a two-year period.)</i> -					
TRAVEL INFORMATION <i>Complete only if travel is to be funded by ICD.</i> 22. To 23. From 24. To 25. From					
IMMIGRATION INFORMATION <i>For new appointment if applicant is already in the U.S.</i> 26. Visa status 27. Date of entry into the U.S. 28. Current U.S. sponsoring institution and address Attach copies of appropriate immigration documents for applicant & dependents, e.g. Forms I-94, IAP-66, and pages of passport.			OD/OIR Approval 29. Is this an exception requiring OD/OIR approval? <i>(If yes, send request directly to OD/OIR.)</i> <input type="checkbox"/> Yes OD/OIR Signature and date: <input type="checkbox"/> No		
SPONSOR INFORMATION 30. Name <i>(please type)</i> 31. Title, ICD, lab/branch 32. Signature Date 33. Bldg./room 34. Phone 35. FAX -					
APPROVAL SIGNATURES <i>Only provide those required by your ICD's delegation of authority.</i> 36. Laboratory Chief <i>(Type name, Sign.)</i> Date 37. ICD Scientific Director <i>(Type name. Sign.)</i> Date 38. ICD Admin. Officer <i>(Type name. Sign.)</i> 39. Phone Date 40. ICD Director <i>(Type name. Sign.)</i> Date					

International Services Branch, FIC

Case Number (for FIC/ISCB use only)

Request for NIH Visiting Fellowship Award**ADDITIONAL REQUIRED INFORMATION**

- 41 a. State general research area (e.g., genetics, biochemistry): _____
 b. Describe proposed research program and experience to be obtained. _____
 c. Provide explanation if a *new* appointment for *less* than two years. (Attach continuation sheet, if necessary.) _____

42. MDs only: (Check one, complete information, and attach documents as requested. NIH-sponsored J-1 visa holders are limited to incidental patient contact. See instructions before completing.

☐ a. No patient contact *Furnish:* • Four-Point Memorandum ☐ No change in program (for renewals only)
☐ b. Incidental patient contact. • ECFMG Certificate No. _____ dated _____ (attach copy)

43. State the proposed awardee's availability and plans after termination of award. *Note:* Under USIA regulations for J-1 visa holders, individuals are expected to return to the home country at the end of their programs.

44. List the following information for all dependents (*spouse and unmarried children under 21*), if accompanying VF or traveling to U.S. separately. (Attach continuation sheet, if necessary.)

<i>FAMILY NAME, First, Middle</i>	<i>Relationship</i>	<i>Date and city and country of birth</i>	<i>Nationality (citizenship)</i>	<i>Country of Legal Permanent LResid</i>	<i>If in the U.S.: Passport No./ expiration date/ issuing country</i>	<i>If traveling to U.S. separately: Approximate date of travel</i>
a.						
b.						
c.						
d.						